

BLIC VOUCHER FOR PURCHASES AND
SERVICES OTHER THAN PERSONAL

D. O. Vou. No. _____

Bu. Vou. No. _____

658

U. S. COST REIMBURSABLE

(Department, bureau, or establishment)

Voucher prepared at _____

(Give place and date)

THE UNITED STATES, Dr.,

Payee's Account No. _____

To _____

(Payee)

(Address)

(City)

(State)

PAID BY

ENCL #12
SAPC 13883

COPY 1 OF 2

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary) Discount Terms	QUANTITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		Costs FOIAb3a FOIAb3b					

PAYMENT:

Complete ☐

Partial ☐

Final ☐

Use continuation sheet(s) if necessary

Shipped from _____

to _____

Weight _____

Government B/L No. _____

Total _____

I certify that the above bill is correct and just and that payment has not been received.

(Sign original only)

(Payee must NOT use this space)

Differences _____

Date 2-26-57 *Payee _____

is not required when a like certificate is made by payee on attached bill or bills)

Per _____ Title _____

Amount verified; correct for _____

(Signature or initials)

Contract No. _____

A101

Date _____

Req. No. _____

Date _____

Invoice Rec'd. _____

Pursuant to authority vested in me, I certify that this account is correct and proper for payment.

† Approved for \$ _____

† _____

(Authorized Certifying Officer)

By _____

SIGN
ORIGINAL
ONLY

Title _____

Title _____

Date _____

THE REVERSE OF THIS FORM MUST BE EXECUTED WHEN PURCHASES ARE MADE OR SERVICES SECURED WITHOUT WRITTEN AGREEMENT IN ANY FORM

ACCOUNTING CLASSIFICATION (Appropriation Symbol must be shown; other classification optional)

Paid by { Check No. _____ dated _____, 19____, for \$ _____ } on Treasurer of the United States in
{ Cash, \$ _____, on _____, 19____. Payee _____ } favor of payee named above.

(Sign original only)

* When a voucher is signed or receipted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the capacity in which he or she is acting, must appear on the voucher.
"John Doe Company, per _____ Secretary, Treasurer," as the case may be.
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$ _____", and over his official title.

Per _____

Title _____

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METHOD OF OR ABSENCE OF ADVERTISING

METHOD OF ADVERTISING

1. Advertising in newspapers Yes ☐ No ☐.
2. (a) Advertising by circular letters sent to _____ dealers.
(b) And by notices posted in public places Yes ☐ No ☐.

(If notices were not posted in addition to advertising by circular letters sent to dealers, explanation of such omission must be made below.)

ABSENCE OF ADVERTISING

3. Without advertising, under an exigency of the service which existed prior to the order and would not admit of the delay incident to advertising.
4. Without advertising in accordance with _____
5. Without advertising, it being impracticable to secure competition because of _____

(Here state in detail the nature of the exigency or circumstances under which the securing of competition was impracticable under 3 and 4)

NOTE.—The above form "Method of or Absence of Advertising" is to be used when purchases are made or services secured under proper authority without written agreement in any form. In case of a written agreement (formal contract, proposal, and acceptance, or less formal agreement) Standard Form No. 1036—Revised should be used for abstracting the method of or absence of advertising and award of contract. (See General Regulations No. 51, as amended.)

☆ U. S. GOVERNMENT PRINTING OFFICE : 1954—O—296709

Services Other Than Personal

MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE Sheet No. 1 of Bureau Voucher No. 658
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
FOIAb3a		Contract A101 - Costs applicable to all systems					
		Direct Costs Properly Chargeable to Contract A101 for the period 2/4/57 thru 2/10/57					
		Labor Week Ending February 10, 1957					
		Overhead computed for Electronic Instrumentation Division at interim rate of [REDACTED]					
		Other Costs - sheet no. 2					
FOIAb3a		Total Labor, Overhead and Other Costs					
		G & A Expense computed at interim rate of [REDACTED]					
T		Total Costs					

FOIAb3a

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Bureau Voucher for Purchases and Services Other Than Personal

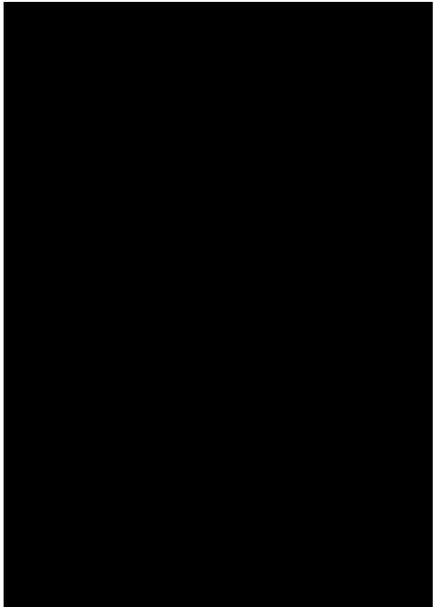
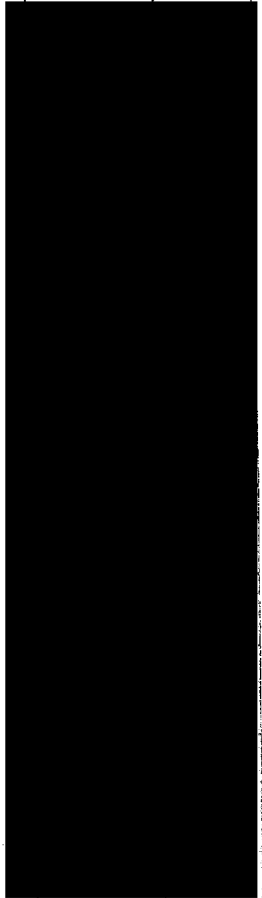
MEMORANDUM

CONTINUATION SHEET

U. S. COST REIMBURSABLE

Sheet No. 2 of Bureau Voucher No. 658

(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
CHECK NO.	P.O. NO	PAYEE				FOIAb3a	
10946	G-22813						
10968	27-37331						
10927	27-37193						
10928	27-37077						
10950	G-22832						
10973	27-37035						
10982	27-37077						
11032	27-37297						
	36782						
	36943						
	37235						
10929	27-36646						
10982	27-37186						
11032	27-37187						
10952	27-37379						
10959	27-37342						
10967	27-37380						
10974	27-37327						
10986	27-37366						
Reversal	GJ12-7	Dated 12/31 JV 017129 JV 017130 JV 017130					
		Total					